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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/579,982 05/19/2006		Michael Larsson	07-2123	3593	
TITLE OF INVENTIONS					

TITLE OF INVENTION:

Drainage Apparatus and Method

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	1,510.00	300.00	0.00	1,810.00	06/13/2011		
EXAMINER		ART UNIT	CLASS-SUBCLASS					
Ilya Y. Treyger 376		3761	604-540000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form "FUOSB/122) attached. "Fee Address" indication of "Fee Address" Indication form PTOSB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the annes of up to 3 registered patent attomeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered name, or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be orinined.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or ty	pe)				
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(A) NAME OF ASSIGNEE Medela Holding AG			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Baar, Switzerland					
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛛 Corporat	tion or other private grou	p entity Government		
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5. Change in Entity Sta	tus (from status indicated ns SMALL ENTITY stat		b. Applicant is no lo	nger claiming SMALL EN	VITTY status. See 37 CF	R 1.27(g)(2).		

Authorized Signature /Nicole E. Reifman/

Typed or printed name Nicole E. Reifman

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